



Guidelines for Effective Use of Nonprofessionals

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WITH increasing developments and refinements in the use of indigenous nonprofessionals (aides) in many health education programs throughout the country, the need to carefully consider the impact of these workers on total program operations becomes increasingly clear. In this paper, I am reflecting on experiences gained as an administrator of a health education program in both an official and a voluntary health agency.

Several issues and questions concern the program administrator. The key question is "Can aides increase agency efficiency?" The major issues are establishing a sound administrative climate for developing programs using aides, the essentials of effective supervision, agency communications, training, personnel policy and suggestions, defining the aides' roles, planning salaries, and activity and program record-keeping.

Can Aides Increase Agency Efficiency?

Much recently accumulated information helps document contributions paraprofessionals have made to improve health services. Gartner has provided a first critical appraisal of the data in

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his report for the New Careers Development Center in New York City (1). Although his data are suggestive, Gartner presents a convincing case, especially when the measurement of the aides' effectiveness is getting people who usually would not use them to participate in vital health programs.

The need to bridge gaps in both communications and motivation between health programs and so-called hard-to-reach persons has been extensively documented. Madsen, in his study for the Hogg Foundation in Texas, outlined several reasons why Mexican-Americans in the Rio Grande Valley did not use the health clinic services which were available to them (2). He stressed the importance of having Mexican-Americans working in the clinics to help provide an atmosphere which is supportive to the patients.

Health aides have demonstrated their unique ability to serve as cross-cultural agents who can bridge gaps between poverty-stricken minority communities and health or social agencies. Such aides draw on their experiences and special knowledge of their communities to provide insights which help the agency relate its goals to the community. In this capacity the aides are what I call "ingroup consultants."

Other terms have been coined to express additional roles for aides, including "health advocates," and "community health workers." Aides'

roles are exceedingly important to health education practice, and careful planning is needed to maximize the rich potentials implied by their versatility.

Commitment and Administrative Climate

Perhaps the most important element an administrator can bring to a program using aides is a well-defined, understood commitment to their effective employment. To attain a high level of commitment requires thorough analyses of the agency's strengths and weaknesses related to the use of aides.

Planning for the employment of aides should be considered carefully and discussed fully. Unfortunately, many health agencies have failed to employ minority persons, and the sudden appearance of such a person as an employee rather than as a client is a new experience for many health agency staffs. When aides are first brought into the agency, they may be viewed with suspicion and may elicit a variety of attitudes from different levels of employees. This situation is especially likely to occur if the new employee is in a profession for which minority groups usually have not had the opportunity to obtain the necessary academic background.

As a first step in planning to employ health aides in the health education program, the administrator should begin to establish a sound administrative climate within the agency. This procedure should immediately involve all other administrative staff and eventually involve in some way almost all the personnel. Everyone should be informed of the projected plans to employ aides and the reasons for those plans.

An important part of establishing a sound administrative climate is to work closely with key personnel at all levels before and after employing aides. The cooperation of key personnel and their contribution to the work climate will be invaluable in developing an effective health education program using aides.

A formal approach to training is also necessary, and this training should involve a broad range of agency personnel. All personnel should have an opportunity to learn about emerging patterns in the use of aides, new career needs and developments, the various cultural and minority groups that the aides often represent, and what the aides will be expected to do.

Supervision

Special indepth training programs are essential for persons who will be expected to train or supervise aides. The aides may very well bring special problems with them, and persons who will have training or supervisory responsibilities will need extra sensitivities to problems they may encounter.

Persons selected to supervise aides may have problems of their own, and indeed some of these supervisors simply will not be capable of completing their assignment. Some persons who are comfortable with ordinary supervisory responsibilities may have difficulty working with minority group persons. Some supervisors are likely to be overzealous, but some persons will have serious conflicts and will not be good supervisors in this type of situation.

A frequently heard comment is "The supervision of the aides required more time than had been originally planned." This problem is real, and the administrator must be committed to allotting the supervisory time and effort necessary to operate a program efficiently.

Agency Communications

The need to keep the agency staff well informed will continue after the aides have been employed and have received their preliminary orientation. Once the aides are on hand, however, they themselves can enter into the process of letting others in the agency know what they are doing and their capabilities.

At this stage, careful planning of active and contributing roles for the aides will pay off. If the staff members see that the aides are making real contributions (more than make-believe work), they will more readily accept the aides as co-workers. Although good intra-agency communication and coordination is essential, the aides should not be forced into situations where there is resistance or little chance of successful program activity in an agency.

Training

The importance of training for aides cannot be overemphasized. Not only is training an essential task, but it is also difficult. Key elements in the training process are described in the

Kern County project (3), the HEAT (health education aide training) project (4), and other programs and include the following.

1. Basic content and essentials
2. Practical demonstrations and role playing
3. Minimal time spent in lectures, but extensive experiential learning opportunities
4. Faculty giving emphasis to their practical experiences

Personnel

The program administrator will want to establish a sound and early dialog with the agency's personnel department. The objectives will be to discuss the entry level of aides' positions and to begin explorations toward career development. The agency's personnel guides and standards should also be reviewed to determine if there is adequate flexibility to meet possible problems pertaining to aides.

Personnel policies of any agency should be carefully discussed with each employee. Not only does this practice help minimize misunderstandings, but it develops a better framework for meaningful interaction and in implementing self-assessment.

The administrator will also be interested in changes which may occur as a result of the employment of aides. When aides are employed in an agency, several changes should be anticipated. The aides will call forth new roles and responsibilities for various personnel.

For professional staff the new responsibilities may imply forming new concepts and working relationships. For some the changes will consist of new supervisory roles. Others will find that they must restudy their work output and re-order their priorities to maximize their higher professional skills.

This planning and analysis, of course, is important for the agency because it will channel the best and highest level energies in the agency to the program needs. Some professionals will be stimulated by their responsibilities, helping the orientation and training of the aides.

It is vital that aides be given meaningful tasks and that they be viewed as communicators, organizers, and amplifiers rather than simply as doers of routine chores. Each aide brings to the agency numerous community contacts and vast

knowledge concerning his or her community. These combined assets are a great resource for the social and health agencies. This knowledge and the know-how the aides possess should be used in every instance possible.

What Do They Do? Role Definition

Their knowledge of the community and its application enable many aides to make their greatest contribution. For some aides this knowledge will imply an ability to help develop and pretest health education materials. As participants in a reactor panel, aides can constructively assist in reviewing the planning for operating a program. In each role aides serve directly and indirectly.

If rapid response is needed, the aides can give their own responses which will contain an element of validity not often available elsewhere. In carefully planned efforts the aides can take health education materials or surveys and put them directly into the target community for the most sensitive and intensive review and reactions possible.

When there is difficulty in communicating or stress in social interaction between groups of people, it is vital that health agencies have some way of obtaining candid and correct reactions from their efforts to motivate people to desired health action.

The effective administrator will wish to document the aides' work and, when possible, consult with other administrators about ways in which they could use aides in their programs as a possible cooperative venture.

The Kern County project provided a good opportunity to study the various roles which the aides filled (3). In the study the aides filled out weekly activity reports. They could list and comment in their reports on a number of activities including (a) home visit with staff, (b) home visit alone, (c) child health clinic, (d) conference, (e) promotion of a program, (f) attendance at a program, (g) survey, (h) listing and description of community health agencies, and (i) other activities.

These data were collected for several months and were assembled with the help of data processing equipment. This compilation provided an overall view of the kind of contributions the

aides were making in their daily activities. The results of this study also helped to expand and define the role of the aides.

It is wise to plan the program thoroughly before hiring aides in a health education program. Some programs simply do not provide optimal settings for the use of aides. Aides should work in a setting where they can make the greatest contributions. In the HEAT project an effort was made to delineate the gaps between the functions of the professional staff and those of the volunteer.

Definition of the functional roles of the full-time paid staff in a voluntary health agency is aided by their more formal commitment to their positions. In effective agencies, functional roles are defined in job descriptions. The key professional staff person in the California units of the American Cancer Society (and many similar voluntary health agencies) is the county executive director. In larger branches special program staff are usually provided in addition to the executive directors.

Because of the diversity of volunteers' roles in a voluntary health agency, it is difficult to delineate what volunteers actually do. Lacking job descriptions in most instances—although some volunteer positions do have definite commitments and outlined areas of responsibility—it is not easy to analyze the volunteers' contributions objectively.

Volunteers lend support in a variety of roles, which include the following.

- Lending their names or offices to support the agency
- Providing professional skills
- Bringing community contacts and resources
- Doing specific tasks, such as stuffing envelopes, addressing mailers, and making phone calls or door-to-door visits for education or fund raising
- Representing another agency and providing liaison
- Providing agency leadership and policy guidance

An important question in the employment and deployment of aides in a voluntary health agency is "What functional roles can aides fill that are not being filled by staff or volunteers?" or "What can aides do more efficiently than pro-

fessional staff or volunteers?" To answer this question, gaps and unmet needs must be discovered and activities defined to fill these voids.

The purpose of the HEAT study was to probe these important questions further and to delineate the gaps, if any, and to ascertain how another category of employee, the aide, might fill them. The gaps were reflected in the following situations.

1. Volunteers usually do not work full time, and certain programs must be sustained by full-time, on-duty staff who need not be professional. The duties required are not typically clerical.

2. The agency needs to develop closer communications with certain groups in the community, such as foreign-language speaking groups; persons living in poverty pockets, ghettos, or farm labor camps; and other so-called hard-to-reach segments of the population. Reaching these groups effectively usually requires some type of program to involve the group, and such programs require personal contacts directly with the hard-to-reach.

3. Voluntary health agency professional staff and volunteers are too often unable to communicate with disadvantaged members of society.

4. The poor often find it difficult to serve as volunteers in the traditional sense because of communication patterns and financial or related problems.

5. As have many other agencies in contemporary American life, voluntary health agencies have discovered that the poor and hard to reach do not participate in their programs and structure.

6. Many studies have shown that indigenous nonprofessionals can be recruited, trained, and employed to fill important staff roles in agencies (5).

7. Much data have been published to illustrate the relationships of poverty to disease. Cancer has a number of striking poverty-related characteristics. In California the age-adjusted rates show that deaths from lung cancer are more common among Negro men than among white men, and mortality from cancer of the uterus among Negro women is twice that of whites (6).

8. In 1966 the National Office of the Ameri-

can Cancer Society commissioned a study by the Lieberman Associates on the "Motivational, Attitudinal, and Environmental Deterrents to the Taking of Physical Examinations that Include Cancer Tests." One of the important findings of this study is that cancer programs for women should emphasize reaching poorly educated, low-income populations (7).

Paid for Services

For many nonprofessionals employment as an aide may be their initial work experience and the first time that they have ever received compensation for any kind of endeavor. For others, being an aide may be an entirely new type of employment experience, one in which they are paid to perform tasks which are completely new to them or one which they never considered as a way to earn money.

For the agency, also, hiring aides may represent an entirely new concept in that untrained, unlabeled, and unspecified persons are recruited, hired, trained, and paid to perform a variety of unique services. If the duties of the aides are similar to those of volunteers, payment for aides may conflict with the volunteer concept and role interpretation.

When the basic objectives for hiring aides are evolved by an agency, efforts should be made to determine what type of system will be used to support their employment. Basic considerations are sources of funds, methods of budgeting, definitions of payment, and establishing salaries and personnel policies related to payment for services.

The role of the aide, including specific duties, must be clarified in establishing salary levels. The nonprofessional's lack of formal training and specific job-related skills must be realized at the outset. At the same time an effort must be made to assess the rich assortment of informally attained skills and knowledge which an appropriately recruited and selected aide will bring into the agency. These issues form a basis for resolving the question of how much an aide should be paid.

Since aides in health and welfare agencies will be working closely with professional staff, attention should be given to salary differentials. For example, in some agencies college-trained

and experienced social workers or nurses may receive rather low salaries. This situation is unfortunate and may engender difficulties, for there is a need to have some differentials in salaries.

The best approach in establishing adequate salary scales for nonprofessionals is to review carefully the range of salaries in the agency. In small agencies this review will not be a problem. However, in larger agencies with broad personnel structures the review will take some time and close coordination with personnel and policy authorities. Comparisons will be difficult, but every effort should be made to provide realistic salary scales. Whenever possible the salary scales should be open ended to enable upward growth and increasing pay following successful training and employment.

Most agencies have three general groups of workers: clerical, technical, and professional. These classifications and other considerations can be factors in establishing the range of salaries. For example, the nonprofessional salaries may be safely related on a beginning level to the basic clerical positions. Another guide to establishing salary scales for nonprofessionals is, of course, their previous paid experiences.

Any salary scale should be as broadly comparable as possible to others for similar positions in the community. There may be, for example, other aides employed in a different agency and their salaries may serve as a basis of comparison.

Problems will arise if aides are not paid reasonable wages, yet experience shows that they are realistic about limitations in the agency's salary structure. The aides realize that they cannot begin to work at higher salaries than persons who have specific and traditional skills, specialized training, and greater responsibilities.

Many excellent aide candidates will be welfare recipients, and they should be sought out and employed whenever possible. On the basis of the experience of some agencies, aides can be recruited from the rank and file of welfare recipients, and often the beginning scale does not have to be much more than the welfare payment.

Incentives and potentials for increased responsibility and salary should, however, be available. Many welfare clients are highly moti-

vated and readily seek the opportunity of useful employment. In Kern County a number of the aides were either on welfare when employed, or their families had received some welfare support in the past.

No matter what salary scale system is established, it should be sufficiently flexible to use to the advantage of the aides and their work and career goals. As a practical guide, nonprofessionals should be given thorough orientation to their agency and its financial and budgetary structure. This orientation will help nonprofessionals understand some of the financial problems handled by their administrators and supervisors. The aides will also acquire greater insight into the agency's goals and financial support systems.

Once a salary scale is decided, the method of payment usually is regulated by existing systems. It is important in using nonprofessionals to have as much flexibility as possible in these systems. Ideally, payments should be made at shorter intervals—such as weekly. The Kern County project employed a device called "extra help" which expanded freedom in planning employment of aides and in setting up their work schedules. Payment, however, was established along with the regular monthly county payroll, so the aides were paid once a month. This procedure caused some inconvenience for some of the aides.

Although not directly related to salary scales, efforts should be made to explain other benefits, such as workmen's compensation laws, which relate to injuries sustained during working hours and to occupational diseases. In addition to wages, all possible fringe benefits (including health and life insurance) should be available to nonprofessionals. Work-related transportation must be considered and needs to be handled by adequate payment to defray the cost of gasoline, oil, depreciation, and car insurance. These factors cannot be taken lightly when employing nonprofessionals who may have severely limited incomes and need to consider carefully every penny they spend.

On several occasions aides in the Kern County project had financial problems. For example, an aide bought a car from a rather fast-moving, used-car dealer who was quick to foreclose on

the first late payment. Only through personal intervention of a staff member was the loss of the car averted. This incident and several other similar problems led to some special training on sound personal spending practices.

Timekeeping and Records

Some system must be available to keep a narrative record of employment activities and an accurate record of time worked by aides. This is necessary to insure proper timekeeping accountability for the time aides work.

The system developed and used in Kern County may have broad application because it combines both a record of activities—which are coded by number—and the actual time worked. This report is turned in weekly to the secretary who serves as a timekeeping clerk. She records the pertinent time information on a master form which is turned in to the payroll department.

The weekly schedule is used both as a guide to the future activities of the aides and as a summary of accomplishments during the week. These schedules are used in conjunction with the weekly staff meetings in which these matters are discussed.

Another point worthy of consideration is the full-time versus the part-time use of nonprofessionals. In the Kern County project, both methods were tried and part-time employment of aides became the accepted system. The typical duties of an aide occur during the ordinary workday, but aides are sometimes needed in the evenings and on weekends.

This off-hour need was especially acute in the migratory labor camps in Kern County. The aides with families (a majority) could often work on a flexible part-time basis, whereas a rigid 8-hour day schedule might have been too strict. Part-time employment permits women to be at home with their children most of the time, yet permits them to spend some hours performing useful functions outside their homes and learning new skills.

Aides employed part time can also earn enough money to supplement their family income. When a woman is head of a family, the part-time work permits her to arrange suitable care for her children. This flexible concept of part-time employment is also acceptable from

a cultural point of view and seems to be accepted well by the aides in Kern County.

When aides work part time, great attention needs to be paid to planning work assignments. The work needs must be equated to the aides' part-time availability.

As the roles and jobs for aides in health education and other programs increase and are given greater definition, administrators will need to study carefully prospects for career development. This study should embrace broad definitions of career development as outlined in the new careers concept, including horizontal and vertical movement detailed by Pearl and Reissman (8). Careful analysis of the roles of aides in specific health education programs will help in this process. Perhaps the ingroup consultant role of aides will provide the key step in career development; perhaps the logical extension of individual talent will provide it.

Clearly the use of aides in a health education program is a great challenge and a most successful method for improving health education programs. To help to meet this challenge, the essentials of careful administrative planning must be used. Some of this has been briefly reviewed in this paper.

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Tearsheet Requests

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Grants for Nursing Schools

New grants from the Division of Nursing, Bureau of Health Professions Education and Manpower Training, National Institutes of Health, are helping financially distressed nursing schools to remain operational until students who have already invested time and money in nursing education can graduate as scheduled and engage in nursing practice.

A Special Project Grant of \$44,649 has been awarded to the Memorial Mission Hospital School of Nursing at Asheville, N.C. These funds are aiding this 76-year-old nursing education institution in the Appalachia area to complete the preparation of its last class—26 students who began their training in 1968 and are scheduled to graduate in 1971.

The Capital City School of Nursing in Washington, D.C., received a Special Project Grant of \$246,162 to complete the training of its last two classes. The total Federal investment in helping this 93-year-old school to graduate 40 new nurses in 1971 and an additional 40 in 1972 is expected to reach \$365,962.

Further information about Special Project Grants as authorized by the Health Manpower Act, and how they serve to start new schools of nursing and to help existing schools remain in operation and produce greater numbers of well-prepared nurse practitioners may be requested from the Division of Nursing, 9000 Rockville Pike, Bethesda, Md. 20014.